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REVIEW OF DR. GROSS'S PATHOLOGICAL ANATOMY.

[Continued from page 12.]

SUCH, we believe, is a correct abstract of the author's views concerning inflammation, and of the origin of morbid action. A part of them we adopt; but from several we must dissent.

The theory of the local origin and inflammatory character of disease, "with few exceptions," is one which we candidly believe has not been, and cannot be, sustained by fact. We know that it is regarded by the physiological school as a great fundamental truth, and upon this rock they build. All other foundations, with them, are laid upon the sand. We know, too, that this doctrine has been ably and ingeniously defended by the best talent of the profession in Europe and America; yet we have no hesitation in declaring our honest conviction that, like every other ultraism, it cannot be sustained. That many of the diseases we meet with are essentially local, there can be no question; but that an overwhelming majority bear this character, is a position which, we think, cannot be proved. Let no one judge from these remarks that we consider our author a Broussaist. He has taken up the first principle of this distinguished pathologist, and made a more liberal use of it. While the latter pushed the application of his favorite theory to the remotest degree of medical fanaticism, the former is decidedly more plausible. He does not limit the place of origin to the gastro-intestinal mucous membrane, or to any other single organ or tissue—but grants to all the parts the capacity of initiating morbid action. He contends that there is no such thing in pathology as a general disorder, apart from a primitive local disorder; that fever is, under all circumstances, essentially symptomatic of local inflammation; and that, in a word, disease is a unit, yet, like the mind, capable of assuming almost infinite variety.

The author has not adduced any arguments to sustain these leading positions, nor do we suppose this to have been his design. We presume, however, that he looks upon them as corollaries rather than as problems. For ourselves we must still adhere to our old creed that disease is either functional or organic (making a palpable distinction between the two), and consists in an *exaltation*, *diminution*, or *perversion* of nervous and vascular energy, or a combination of all—that these phenomena may exist in combination *with* or *without* inflammation, and that morbid action is, in its primal stage, either *general* or *local*.

Are we asked to give an example of *exaltation* of nervous and vascu-

lar energy, independent of *local inflammatory action*? We answer, unhesitatingly, the most ordinary form of *cerebral apoplexy*. Are we asked to give an example of *diminution* of nervous and vascular energy, independent of *local inflammation*? We answer, *syncope*. Are we asked to give an example of uncomplicated *perversion* of the same energies? We answer, a sick stomach, which may be relieved by a draught of peppermint water. Do we next inquire—how may these phenomena be present “with or without inflammation?” We answer, that in every inflammation there must be either *exalted* and *perverted*, or *diminished* and *perverted* energy. The third phenomenon cannot be absent when either the first or the second is present; but it may exist independent of either. Again, *exaltation* and *diminution* may alternate or occur in simple succession, thus presenting varieties of complication during the existence of the disease under consideration. Such are the facts when the capillary texture and nervous filaments of a circumscribed part are involved; in a word, the part inflames and progresses to adhesion, suppuration, ulceration or mortification. But let us consider these phenomena in reference to a *general* disturbance, and see what is the result. A man becomes alarmed. His nervous system is shocked; the heart is *weakened* in its action and beats painfully; the vascular system catches the alarm, and the *weak*, quick pulse tells how it is affected. Here is *diminution* of action. In a short time fear subsides, and re-action takes place. The system, formerly depressed, arouses; the pulse is 90, and strong; the man complains of fever, &c. Here is *exaltation* of action. Presently excitement subsides. The pulse is natural, but there is nausea, and in a short time the man vomits. Here is *perversion* of action. In a few hours afterwards the man is in a sound state. Was there any inflammation in his case? We think not.

Again, let us carefully consider the pathology of the neuroses, and see if we can trace a majority of any of them, in given cases, to an inflammatory cause. That a single one of this class of diseases can arise from simple local inflammation, we very much doubt. There must be a nervous susceptibility—and more than this, we cannot conceive that inflammation is at all essential to their development. True, it may be said that inflammation may be present somewhere in the body, and its ordinary signs absent; but this method of reasoning upon probable existences and doubtful analogies, does not altogether comport with the spirit of sound medical logic. No one will pretend to deny that inflammation is oftentimes a *cause* of numerous diseases, but to make it *the invariable cause* of all diseases is a simplification of etiology which, we presume, experience and observation will not sustain.

We might here enter into a discussion of the question respecting the local origin of fever, but as the subject is a hacknied one, and the author has not, from the nature of his work, thought it proper to go any further than the mere annunciation of his opinion upon the subject, we shall merely say that we agree with him entirely in denouncing the “artificial nosologies of Sauvages, of Hoffman, Cullen, Hosack, and a host of minor worthies;” but we cannot concur in the opinion that “all diseases will ultimately be found to have a local origin and habitation.” Observation

upon the living subject, in our judgment, reveals a different doctrine; and the knife upon the dead subject reveals certain phenomena which may have been obscure in life, leaving us, alas! too often in doubt as to causation.

We shall close our criticism upon the first chapter by making one or two remarks upon what we have laid down as the nineteenth proposition. By recurring to this, it will be seen that our author believes that in the early stage of inflammation the vessels have an augmented action, and that afterwards, when the disease is more fully established, the capillaries are partially paralyzed, &c., the functions generally are impaired, and everything indicates diminished power. This view is presented as a compromise between the conflicting opinions respecting increased and diminished vascular action, which have so long agitated medical men. In our judgment it is still susceptible of amendment. The first stage of inflammation is not always an active stage; it may be so generally, but we think that its character is formed from the nature of the part, the constitution of the patient, and the nature of the impression. In one case it may be active, and in another passive. Thus in two cases of burns, the violence done to a part in one case may be so great as to paralyze the capillaries at once, and require immediate stimulating applications; whereas, in the second case the impression made upon the capillaries is such as to create increased action, and demand an opposite course of treatment. Again, we presume that the capillaries are not always "partially paralyzed when the disease is fully established." Circumstances must tend to change this regular succession which our author mentions. The experiments made so repeatedly in Europe and this country will prove this to be a truth; and it is astonishing that authors will continue to tell us of a constant increased or decreased action, or a regular and invariable succession of these phenomena, when every-day observation may satisfy the unprejudiced observer that the order of their occurrence is necessarily irregular.

The title of the second chapter is "*Effusion of Serum*;" in which the author contends that this phenomenon, as a general rule, is the result of inflammatory action. The following quotation, from the closing paragraph, will present to the reader his conclusion upon this subject. "Taking into consideration the preceding facts, and the reasoning founded upon them, the conclusion is obvious that the effusion of serosity, no matter in what part, organ or region it occurs, is the result, *invariably*, of a process analogous to, if not strictly identical with, *inflammation*." We shall ask one or two questions here, and pass on to the third chapter. May not an individual eat freely of water melon and pass large quantities of urine without having any inflammation of the kidneys? May not the serous membranes secrete and effuse a larger amount of serum than natural, and this serum accumulate for a *short period*, without actual inflammation? If we could believe as our author does, then would we contend that copious perspiration is always the result of inflammatory action of the sudorific glands.

The third chapter is upon "*Lymphization*," or the deposition of lymph, gluten or fibrin. It is considered to be always the result of in-

inflammation. Lymph is effused in various *forms*, depending upon the shape of the part—is at first soft, but becomes subsequently solid, assuming the character of cellular, fibrous, cartilaginous or osseous texture. Its chemical composition is the same everywhere in the body, albumen and water in union with fibrin. If it remains undisturbed, it becomes organized, either by a self-organizing power, or by vessels shooting into it—probably by virtue of both. Plastic lymph thus organized becomes the basis of the analogous tissues (which are nearly as numerous as the natural tissues), and the bond of union between divided parts. It may become the seat of disease, and undergo transformations as in the natural tissues. The effusion of lymph often creates a barrier to the escape of the matter of tuberculous cavities and of abscesses in the abdomen and pelvis.

Chapter fourth is upon *Suppuration*, which process is defined to be the formation of purulent matter, resulting always from inflammation. The chapter is short, but sufficiently comprehensive and instructive. Pus is a secretion—an altered state of the blood—globular in its character—of the specific gravity of 1050, and may be formed without a solution of continuity. The following test, by Dr. Young, of Edinburgh, is considered the best.

“It is founded on the globular particles of the pus, and consists simply in holding a small quantity of this fluid, placed between two thin pieces of glass, between the eye and a candle, a little way off. If the matter be purulent, it will be encompassed by a bright halo of colors, not unlike those of the rainbow, the light being at the centre, and the tints so much the more intense as the particles are more numerous and more equally diffused.” We believe the author has not mentioned the fact that pus is an unorganizable substance.

Chapter fifth. *Hemorrhage*. Here we find, to our surprise, that the author admits the existence of hemorrhage (without rupture) independent of inflammation. He says, p. 76, “In many instances it would seem to be the result purely of over-distention of the capillaries, from obstruction in the heart or large vessels, by which the sanguine fluid is prevented from pursuing its accustomed route with its accustomed freedom.” How does hemorrhage without rupture occur? The author rejects the views of Morgagni and Bichat, who referred the phenomenon to exhalation, and adopts the theory of *exosmose*, so ingeniously defended by Dutrochet in France, and Drs. Mitchell, Faust and others, in our own country. With regard to the existence of open-mouthed vessels, he says, in very plain terms, “it is now well known that there are no exhalants in the true sense of that term; none, at all events, have ever been demonstrated, and probably never will be.” We might say in this place, in accordance with the author’s own logic respecting the capillaries, p. 39, that, because no exhalants can be plainly demonstrated, the inference is not a correct one that they have no existence; but has not Bichat demonstrated them, at least as satisfactorily as the author has the two-coated structure of the capillaries? We think he has. On p. 149, vol. 3, of his *General Anatomy*, he says, “A very evident exhalation is constantly going on upon the serous surfaces. A particular order of vessels is the agent of this ex-

halation. * * * * The following are the means of seeing them," &c. The reader will please refer to Bichat, where he will find, on the page mentioned, as plain a demonstration as should be demanded concerning a part of minute anatomy; as plain, at least, as that given by our author of the vasa vasorum of capillaries. With the following quotations we pass on to the sixth chapter. "One of the most remarkable circumstances in the history of this lesion is its hereditary tendency." * * * * "What is more singular than all, is, that the disease may cease in one generation and re-appear in another." * * * * "Not less singular is that variety of hemorrhage to which the term *vicarious* has been applied. Occasionally the blood oozes from the skin, the eye, the ear, lung, arms, and even the nipple, either simultaneously or successively." * * * * "When blood is effused, one of four circumstances happens in regard to its final disposal. In the *first* place it may be rejected. *Secondly*, the fluid may be absorbed. *Thirdly*, the blood may remain and become organized; or, *Fourthly*, it may act as a foreign substance, and induce fatal inflammation."

The sixth chapter is a short one upon *Softening*, which, as a general rule, the author thinks is the result of "inflammatory irritation," but is sometimes, as he justly observes, "the result of causes which exert their influence after death." The structure most at fault in this lesion is the interstitial cellular.

The seventh chapter is an excellent one upon Gangrene. Among the causes of this phenomenon are mentioned organic diseases of the heart, an impoverished state of the blood, ergot, and excessive emesis.

We pass over the six succeeding chapters (on *Ulceration*, *Granulation*, *Cicatrization*, *Induration*, *Hypertrophy* and *Atrophy*) with the single remark that the author admits that induration, hypertrophy and atrophy may occur without inflammation, and that his remarks upon these subjects are very judicious and instructive.

The fourteenth chapter is taken up with the consideration of "Transformations." The author admits of only seven, viz., 1, the cellular; 2, the mucous; 3, the cutaneous; 4, the fibrous; 5, the cartilaginous; 6, the osseous; and 7, the adipous. All of these he observes occur generally in old age, and "are all effected under the influence of inflammatory irritation." It is very correctly observed that the word transformation "should be restricted to those changes which a pre-existing tissue undergoes, as it is being converted into another that is totally different from it, but which has its analogue in the animal economy."

The subject of the fifteenth chapter is "Hydatids." These are a class of beings which "occur in the serous cavities, the alimentary canal, and the passages which open into it, the cellular tissue, between the muscles, and in the proper substance of the different organs." "So far as can be ascertained, these parasitic beings possess no genital organs, no apparatus for respiration, no trace of a circulation, and apparently no nerves. They can live and propagate their species only in the interior of other animals, and their existence is very brief. The five following species are recognized, described, and illustrated by wood cuts: 1, the *cysticercus*; 2, the *polycephalus*; 3, the *dicercus*; 4, the *echinococcus*; and 5, the *acephalocystus*.

The author next adverts to their origin, organization, &c. Their origin is esteemed doubtful; yet the doctor seems to think it owing to inflammation, "followed by the deposition of a fibro-albuminous substance, or a sort of plastic lymph, the particles of which arrange themselves in such a manner as to create an inferior being." They are nourished, he thinks, by a fluid secreted from a small membrane surrounding them in the shape of a capsule. Hydatids are susceptible of disease, and they prove injurious by their great number or their large size.

"Serous Cysts" are considered in the sixteenth chapter. These are membranous pouches, shut sacs, of a globular or oval shape, varying in size from a grain of mustard to a melon. "As far as can be ascertained, they are the result, with few exceptions, of an entirely new formation, dependent upon the effusion and organization of plastic lymph." Three kinds are recognized—the simple, the multilocular, and the included. For ourselves we see no good ground for making an essential distinction between serous cysts and hydatids. Their mode of origin and organization is about the same—they are organized bodies, nourished, perhaps, in the same manner, and are alike liable to inflammation, &c.

[To be continued.]

DISEASES OF TOWNS AND OF THE OPEN COUNTRY.

[THE following statistics and remarks on a subject upon which we can at present obtain no certain information in regard to our own country, are from Mr. Farr's letter to the Registrar-General of England. They possess a general interest, in addition to that which attaches to them as the first fruits of the successful plan of registry lately adopted in Great Britain.]

In the first half year of registration the difference between the diseases in a dense and scattered population was remarkable. The higher rate of mortality in town districts was a result in strict accordance with other observations; but the diseases of towns and of the open country had never before been contrasted on an extended scale, and it was impossible to say whether the discrepancies then discovered were transitory and accidental, or permanent. The year 1838 afforded unusual facilities for putting this to the test; for, besides comprising more than double the number of observations, it presented a great range in the temperature and the epidemic constitution. The chief differences remained; it may, therefore, be inferred that they were then traced to the true causes.

The metropolis and the districts which were compared last year, have been used for the present comparison. The population was calculated in the same way: taken directly from the population returns of 1821 and 1831 for the cities: assumed to be the same in the country districts as the counties, with which, however, the districts were not always contemporaneous, and multiplied by the observed annual rates of increase, 1821–31 raised to the 7th power. This gave the probable population in June, 1838. For the proportion not enumerated 4 per cent. was added to the population of the metropolis; 2.3 per cent. to the 24 city districts; and

0.4 per cent. to the population of the counties. When the sexes were distinguished, the whole of the addition was put to the males.

In 1831 the city population enumerated was 3,079,292, the country population 3,255,479: with the corrections which have been suggested, as the population increases faster in cities than in the country, the population in 1838 would be about 3,726,221 in the city districts, and about 3,539,908 in the counties. The city was probably to the rural population as 1.053 to 1.000: and to this extent (5 per cent.) the deaths in the counties should be augmented, to render the mortality strictly comparable.

Besides the 70,410 persons who died equally in the dense and in the more scattered population, there was an excess in the cities of 30,609 deaths; 9970 from diseases of the epidemic class, 7474 from diseases of the nervous system, 10,465 from diseases of the respiratory organs, and 3144 from diseases of the digestive organs. The annual rate of mortality in the cities was 2.7, in the counties 2.0 per cent.: and the mortality in the cities 1.36 to 1.00 in the counties. The mean duration of life in the two sets of circumstances would differ nearly in the ratio of 37 years and 50 years.

In examining the special causes of death, three classes may be distinguished: one class which was exaggerated in cities to the highest pitch, a third class in which the mortality was nearly the same or in excess in the counties, and an intermediate class. To 1.00 death in the counties, the deaths out of the *same amount of population* in the cities were by asthma, 3.80; erysipelas, 2.71; convulsions and teething, 2.57; cephalitis and hydrocephalus, 2.41; hydrophobia, 2.37; pneumonia, bronchitis and pleurisy, 1.99; delirium tremens, 1.98; typhus, 1.88; smallpox, 1.73; heart disease, 1.73; child-birth, 1.63; syphilis, 1.59; rheumatism, 1.58; gout, 1.55; hernia, 1.48; purpura, 1.46; sudden deaths, 1.45; liver disease, 1.45; hepatitis, 1.35; tetanus, 1.32. The excess of mortality in cities was less in the following cases: by consumption, 1.24; croup, 1.23; violent deaths, 1.17; stone, 1.11; mortification, 1.10; malformations, 1.07; apoplexy, 1.07; hemorrhage, 1.02. The mortality by the third class of causes was greater in the counties than in the cities: for the mortality to 1.00 in the counties was in the cities, by paralysis, .99; dropsy, .99; jaundice, .99; diabetes, .97; cancer, .92; hydrothorax, .88; hematemesis, .79; debility (frequently premature birth), .75; atrophy, .75; scrofula, .46. It will be useful to compare all the other diseases in table (F); but, in doing so, it must be borne in mind that the diseases in the epidemic class fluctuate from year to year; that when the number of cases is considerable the relative mortality is most correctly expressed, and that slight differences deserve little attention.

The fatality of scrofula, purpura, cancer, stone, jaundice, diabetes—chronic diseases—in which there are new deposits, new formations, or new secretions, is as great in the country as in cities; dropsy comes under the same head. Their exciting causes are common to the two classes of population.

It has been proved that the same injuries and diseases are more deadly in cities than in the country; which may account for the higher mortality

from violent death, hernia, and some other causes. Parturition is as frequent in the country as in town; where it is nevertheless so often followed by puerperal fever as to be 63 per cent. more fatal.

If the mortality in the counties has been taken for unity, and all above it has been termed excess, it must not be understood to imply that less than 70,410 deaths may not be expected to occur out of a population of 3,539,908. The population of the counties, which have been held to represent the country, included the inhabitants of several cities. The mines of Cornwall caused many deaths; and any one who has visited the ill-ventilated dwellings of the poor, and is acquainted with their limited command of clothing, firing and substantial food in agricultural districts, cannot come to that conclusion. The minimum degree of sickness which a well-educated, affluent people would experience, and the years which they would number in the circumstances most favorable to health, are unknown; for the majority of the rich and middle classes whose lives have been observed, live principally in ill-constructed cities, and are exposed to the epidemics generated among their unhappier neighbors. It will be prudent, therefore, not to speculate upon a state of things of which the registers afford no examples, as it may sound paradoxical to fix more than fifty-five years for the average duration of human life; and it would not be practicable to suggest any means for improving by immediate measures the health of agricultural districts more effectual than the improvement of the cities in their centres, from which so many diseases radiate.

Is the excessive mortality of cities inevitable? It has not long been established to the public satisfaction that the mortality in dense populations is excessive. The simple process of comparing the deaths in a given time out of a given number living is a modern discovery; and as some individuals died at all ages in the healthiest, or attained the highest ages in the unhealthiest classes, and epidemics desolated the country as well as towns, though to less extent, the unaided reason was baffled in its attempts to unravel the intricate facts, and to draw conclusions which could justify or stimulate public interference. If the law of nature had been that all the inhabitants of an unhealthy place attained the age of forty years, and of a healthy place the age of fifty years, and then invariably died, the difference would have been perceived in two or three generations: but the law of nature was different; in both cases infants died at the breast, men perished in the prime of life, and old men grew gray with age: the proportions only varied, and the difference was in the average duration of life, which varied from twenty to fifty years, and yet remained undetermined. It was probably not generally known before the publication of your First Report, that the mean duration of life was from 25 to 30 years in the east districts, and from 40 to 50 years in the north and west districts of the metropolis; it is not therefore surprising, that the relative mortality of remote districts remained so long undiscovered.

The first writers who established satisfactorily the high mortality of cities took a gloomy and perhaps fanatical view of the question. Cities were declared vortices of vice, misery, disease and death; they were proclaimed "the graves of mankind." The population of the country,

it was said, was drawn to them to be sacrificed; and those who entered left all hope behind, for no prospect of health in cities was beheld. Happily the further application of the methods which those eminent writers employed, and the facts which the registers furnish, enable us to analyze the causes of death in cities; and to show that while the mortality is increased as much as they stated, the apprehensions into which they were betrayed were ill founded when applied to the future. There is reason to believe that the aggregation of mankind in towns is not inevitably disastrous. Health and life may be preserved in a dense population, provided the density be not carried beyond certain limits. Of this the nature of the causes to which the mortality is due, as well as the rapid improvement in the health of London within the last two centuries, is presumptive proof; and the favorable condition of several districts of the metropolis leaves little room for doubt on the subject.

In three groups of the metropolitan districts, the mortality was, in the first, which contains 35 square yards to each person, 3.428 per cent.; in the second, containing 119 square yards to each person, 2.786 per cent.; and in the third, with 180 square yards to each, 2.289 per cent.

The primary objects to be kept in view are the careful exclusion of all unnecessary animal and vegetable matter; the immediate removal of residual products; and the dilution of inevitable exhalations. The dead should no longer be buried where they are surrounded by crowded dwellings. Unwholesome manufactories should be excluded from densely-peopled districts. And there is assuredly no reason why thousands of cattle, sheep, horses, animals of every kind—sometimes affected with epizootic diseases—should be gathered together in market places within the city, or slaughtered in houses where the blood and offal can never be effectually removed. If a survey were made of the districts of this metropolis, and the levels, the sewers, the drains, and the nuisances known to be pernicious, were accurately laid down upon a map, it would agree very remarkably with the table of relative mortality; and the construction of such a map would complete the view of the evil in all its details, and form the basis of a well-planned remedy. It will probably be found ultimately that the immense quantities of agricultural produce brought to London, and disgorged into the sewers and the Thames, may be collected with less danger to the public health in distant reservoirs, filtered and returned, in the shape of manure, to the fields in the surrounding counties. The population is limited by the amount of subsistence, and the produce of the soil is limited by the quantity of this very organic matter, which is so recklessly thrown into the wasting sea.

TREATMENT OF SCARLATINA.

[THE last No. of the New York Journal of Medicine and Surgery contains a paper on Scarlatina by T. F. Cornell, M.D. Dr. C. states that he has treated ninety cases of this disease during the last year. The results of his mode of treating them cannot but be a matter of interest to other practitioners. We omit the details and many remarks.]

to have, none can be less objectionable than gum Arabic dissolved in water, and beverages prepared from barley, toast bread, arrow root, rice, and Indian meal. Acidulated potations have in many instances caused much pain and prostration, and should be indulged in with great caution.

SPECULUM FOR STRABISMUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Allow me to call the attention of those gentlemen who are operating for strabismus, to a speculum, a drawing of which is given in the London Lancet for October 3. I have employed it frequently of late, and find that, in the hands of an assistant accustomed to use it, the lid is held by it more securely and with no more pain to the patient, than by the finger, while the obstruction occasionally offered by the finger of the assistant in making the incision through the conjunctiva, is of course avoided. In the same article a drawing is given of a flat hook for raising the muscle from the globe, which answers the purpose very well if dexterously used, although practically it has no decided advantage over the common round one. Mr. Duffin, of London, originated the hook, and very probably the speculum also,* though we have long had a speculum here designed upon the same plan to fix the lid by pressing against the edge of the tarsus. It had, however, fallen into disuse, and we are at least indebted to him for recalling it, and giving it a more convenient handle. In order to apply this kind of speculum conveniently in all cases, it is necessary to have several with different curves.

J. H. DIX.

Boston, Feb. 9th, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 17, 1841.

MEDICAL CONVENTION IN KENTUCKY.

A CONVENTION of distinguished medical gentlemen was held at Frankfort, Ky., on Monday, Jan. 11th, which was in session two days, devising plans for elevating the professional character of the State. Dr. Burr Harrison, of Bardstown, was elected presiding officer, Dr. Drake having declined the honor. Dr. Tomlinson, of Mercher, was made first vice president, and Dr. Cross, of Lexington, the second; Dr. Marshall, of Maysville, corresponding, and Dr. Dickinson, recording secretary. It will be recollected that the faculty of the Louisville Institute, and the Lexington Medical School, have not a remarkable degree of love for each other—being rival institutions, and each exerting all laudable means for keeping

* I find, by a re-perusal, that Mr. Duffin, whose communications on the new operation for strabismus are the most scientific and valuable I have met with, attributes the invention of this speculum not to himself, but to his friend Mr. Thompson, of Nottingham.

the head of the other under water. However, on this occasion, according to our correspondent, there was nothing but sunshine within doors. Drs. Caldwell, Drake, Yandell, McDowell, Flint, Richardson, Jarvis, Sloane, represented Louisville—and with power, too, for we must acknowledge some of them to be men of great intellectual calibre. From Lexington, there was Dr. Dudley—one of the best surgical operators in America—a quiet, gentlemanly person, who has the good judgment to know when to keep still, and therefore maintains that influence which a mind like his can always sustain in any convention. The everlasting talkers—the worst of all bores in a medical meeting of any kind—neither gain points nor make friends. Dr. Dudley has a pale face—the indications, says the reporter, of waning health. His hair is beginning to turn white. Before the business of the meeting was completed, he was compelled to return home on account of illness. Dr. Flint, a late member of the Louisville College faculty, and formerly of this city, introduced the following resolutions :—

1. *Resolved*, That it is incumbent on the medical schools of the country to regard general scholarship and scientific proficiency as one of the conditions of graduation.

2. *Resolved*, That, in the opinion of this convention, no individual should be considered a candidate for a diploma or certificate of medical competence, by any faculty or body of physicians authorized to confer it, who has not devoted at least *four full years* to professional and scientific study, under the direction of some respectable medical practitioner ; provided, however, that, if it appear that he has pursued a regular course of study in the arts, in some respectable college, or if he produce a certificate from the president or faculty of such an institution, that he has passed a satisfactory examination in the *reading, writing, and grammatical construction of the English language, in the elements of mathematics, natural philosophy, and natural history*, and in the leading facts of *geographical science*, in either of such excepted cases the period of medical pupilage required shall not exceed *three full years*, to be passed under the superintendence of some reputable practitioner.

3. *Resolved*, That we respectfully recommend to the Trustees of Transylvania University, and to the Managers of the Louisville Medical Institute, the incorporation of the principles of the foregoing resolution into their conditions of graduation, and that they require a rigid adherence to them on the part of their respective faculties, in determining the qualifications of aspirants to the honors and privileges of a degree.

A memorial and resolutions were also prepared by the Convention, and addressed to the General Assembly of Kentucky, suggesting the passage of a law making it obligatory “ that every practitioner of medicine, of whatever class or denomination, who administers or practises physic within the Commonwealth of Kentucky, shall furnish a written prescription or memorandum of every and all medicines that he may administer or cause to be administered ; setting forth in intelligible English, Latin, or technical terms, the constituent, or if a compound, the constituents, and the quantities by weight or measure of each ingredient of every dose prescribed ; whether the medicines be furnished or ordered by himself, with his name subscribed thereto. For failure in which, he shall forfeit and pay \$— for each and every offence. And also that—no apothecary, or any other person, shall vend, or in any way dispose of, any medicine or medicines within the Commonwealth of Kentucky, without an accompanying writ-

While attending the ninety cases spoken of above, no favorite remedy was prescribed, and no particular course pursued. Symptoms—the phenomena of nature alone, influenced my prescriptions. For some an emetic of ipecac. or antimony acted like enchantment in rousing up the dormant energies, in relieving the throat, and preventing congestions in the large viscera; but they were always confined to the forming stage. Laxatives once or twice repeated, with mild diaphoretics and diluents, were all that was requisite to complete the treatment and conduct the patient through an ordinary attack. When the tonsils suffered early in plethoric habits, leeches on the throat were frequently followed by immediate relief. Rubefacients, in other instances, acted beneficially in subduing local difficulty by gently stimulating the vessels; and on the same principle a solution of the nitrate of silver pencilled on the tonsils was found among the most efficient remedies. In two cases V. S. was sparingly used where inflammatory action was suspected to have attacked important organs, but my remaining treatment was altogether passive. In some, again, emetics, purgatives, V. S. and leeches, were successively employed to relieve the head or throat; notwithstanding which, the symptoms would increase and a fatal termination ensued on the third or fourth day. I have also known extensive anginose affections to exist, and domestic remedies used by the patients themselves, with quite as flattering results as the practitioner could boast. When such heterogeneous methods are pursued, the reader may wonder that anything is attempted. Doubtless, untimely interference has sealed the fate of many whose constitutional vigor was adequate to have withstood the shock of scarlatina, had it been left to run its course unmolested. When depletion is used it should be done early, and after that the mildest treatment is best. And even when antiphlogistic measures are deemed expedient in the commencement of an attack, it not unfrequently happens that stimulants and tonics are required in its termination. But leaving these methods of treating the disease for the reader to dispose of as is most agreeable to his judgment, I revert to the treatment of scarlatina encephalica.

The means which the profession are accustomed to rely on in the management of encephalic symptoms, were of no advantage to me in this form of scarlatina. Nay, all the patients died which were subjected to an antiphlogistic treatment. My error, in common with many others who have described scarlatina, was in attributing the cerebral symptoms to an *approaching* or *existing* inflammation of the brain. But I found the remedies calculated to relieve such a condition of this organ, only aggravated the symptoms and accelerated death. Bleeding was practised in one instance, leeches were used with full effect in five cases, and emetics, purgatives, warm baths impregnated with salt and mustard, together with counter-irritants and frictions, were also employed, but with no other effect than that of hastening the victim on in rapid course to certain death. Two cases which had been leeches for tonsillary disease, had every prospect of a speedy recovery, when, without any assignable cause, sudden dissolution occurred. The only unpleasant features previous to death, were in one case dyspnoea and delirium, which antimonials and a warm bath

only augmented; and in the other, a tumefied condition of the whole throat—delirium set in, and defied the use of remedial measures.

When the cephalic disturbance is of the violent kind, stimulants gradually administered with unirritating drinks, and sinapisms to the extremities, were generally found sufficient to restore the weakened forces. Sometimes frictions and stimulating baths answered a good purpose by inviting a free efflorescence, and relieving *nausea* and *vomiting*. Cool applications to the head were grateful when heat predominated, while whiskey and warm water to bathe the forehead and extremities were highly serviceable when there was restlessness. The stimulants used internally were generally of the *spirituous* kind—and then for the most part I selected the one which the patient's taste preferred. *Wine whey*, warm *gin* and water, and *brandy toddy*, were the preparations used, either in their simple form, or added to arrowroot, or some other drink. During convalescence, I preferred brandy in arrowroot, because its effects are more permanent than the others. The *sulphate of quinine*, I found a valuable tonic when no gastric symptoms forbid its use; and in all cases where the prostration was extreme, I prescribed it in the convalescent stage. The quantity of stimulus it is proper to use is better determined by the clinical prescriber than any other person. In one instance I gave an adult a pint of Teneriffe wine in eight hours; while a child from three to five years will take, on an average, about a gill of wine made into whey, daily. The quantity should be increased, diminished or omitted, as circumstances indicate. Laxatives should be ordered if really necessary, and avoided if not. Enemas will frequently be preferable, and when they will answer should always be selected.

When the tonsils and throat were much tumefied, or ulcerated, I applied the nit. argenti internally, from iv. to xx. grs. in an ounce of water. Externally the ammoniacal liniment generally had a good effect. In a few cases of scrofulous habits, I used the tinct. of iodine 3 iss., tinct. saponis comp. 3 i.; and bathed the throat every six or eight hours. The result was very satisfactory. On two occasions the pure tinct. iodine was pencilled over the tumid portions of the throat. In these instances leeches had been premised, but the throat continued to swell; the tincture checked its progress, and in a short time no fullness was visible on the external parts, and deglutition became easy. I am inclined to think iodine may prove of essential service in dissipating the anginous symptoms, and as opportunity presents, I shall test its efficacy. Should evening exacerbations run too high after stimulants have been freely administered, two or three doses of ipecac. with the sup. tart. potassæ, or syr. ipecac. with spts. nit. dulc., have in my hands been sufficient to calm the excitement. Sinapisms frequently applied for a short time, over the chest and abdomen, have a remarkable effect in removing pain and uneasiness, and controlling diarrhoea and laborious respiration.

Should the diarrhoea become profuse or worry the patient, the chalk mixture with the comp. tinct. cardam. and tinct. opii added, has proved a very effectual astringent and sedative. Starch enemas with laudanum will also materially assist in accomplishing our object. As for the articles of drink which will be most proper, as well as agreeable for the patient

to have, none can be less objectionable than gum Arabic dissolved in water, and beverages prepared from barley, toast bread, arrow root, rice, and Indian meal. Acidulated potatoes have in many instances caused much pain and prostration, and should be indulged in with great caution.

SPECULUM FOR STRABISMUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Allow me to call the attention of those gentlemen who are operating for strabismus, to a speculum, a drawing of which is given in the London Lancet for October 3. I have employed it frequently of late, and find that, in the hands of an assistant accustomed to use it, the lid is held by it more securely and with no more pain to the patient, than by the finger, while the obstruction occasionally offered by the finger of the assistant in making the incision through the conjunctiva, is of course avoided. In the same article a drawing is given of a flat hook for raising the muscle from the globe, which answers the purpose very well if dexterously used, although practically it has no decided advantage over the common round one. Mr. Duffin, of London, originated the hook, and very probably the speculum also,* though we have long had a speculum here designed upon the same plan to fix the lid by pressing against the edge of the tarsus. It had, however, fallen into disuse, and we are at least indebted to him for recalling it, and giving it a more convenient handle. In order to apply this kind of speculum conveniently in all cases, it is necessary to have several with different curves.

J. H. DIX.

Boston, Feb. 9th, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 17, 1841.

MEDICAL CONVENTION IN KENTUCKY.

A CONVENTION of distinguished medical gentlemen was held at Frankfort, Ky., on Monday, Jan. 11th, which was in session two days, devising plans for elevating the professional character of the State. Dr. Burr Harrison, of Bardstown, was elected presiding officer, Dr. Drake having declined the honor. Dr. Tomlinson, of Mercher, was made first vice president, and Dr. Cross, of Lexington, the second; Dr. Marshall, of Maysville, corresponding, and Dr. Dickinson, recording secretary. It will be recollected that the faculty of the Louisville Institute, and the Lexington Medical School, have not a remarkable degree of love for each other—being rival institutions, and each exerting all laudable means for keeping

* I find, by a re-perusal, that Mr. Duffin, whose communications on the new operation for strabismus are the most scientific and valuable I have met with, attributes the invention of this speculum not to himself, but to his friend Mr. Thompson, of Nottingham.

the head of the other under water. However, on this occasion, according to our correspondent, there was nothing but sunshine within doors. Drs. Caldwell, Drake, Yandell, McDowell, Flint, Richardson, Jarvis, Sloane, represented Louisville—and with power, too, for we must acknowledge some of them to be men of great intellectual calibre. From Lexington, there was Dr. Dudley—one of the best surgical operators in America—a quiet, gentlemanly person, who has the good judgment to know when to keep still, and therefore maintains that influence which a mind like his can always sustain in any convention. The everlasting talkers—the worst of all bores in a medical meeting of any kind—neither gain points nor make friends. Dr. Dudley has a pale face—the indications, says the reporter, of waning health. His hair is beginning to turn white. Before the business of the meeting was completed, he was compelled to return home on account of illness. Dr. Flint, a late member of the Louisville College faculty, and formerly of this city, introduced the following resolutions:—

1. *Resolved*, That it is incumbent on the medical schools of the country to regard general scholarship and scientific proficiency as one of the conditions of graduation.

2. *Resolved*, That, in the opinion of this convention, no individual should be considered a candidate for a diploma or certificate of medical competence, by any faculty or body of physicians authorized to confer it, who has not devoted at least *four full years* to professional and scientific study, under the direction of some respectable medical practitioner; provided, however, that, if it appear that he has pursued a regular course of study in the arts, in some respectable college, or if he produce a certificate from the president or faculty of such an institution, that he has passed a satisfactory examination in the *reading, writing, and grammatical construction of the English language, in the elements of mathematics, natural philosophy, and natural history*, and in the leading facts of *geographical science*, in either of such excepted cases the period of medical pupilage required shall not exceed *three full years*, to be passed under the superintendence of some reputable practitioner.

3. *Resolved*, That we respectfully recommend to the Trustees of Transylvania University, and to the Managers of the Louisville Medical Institute, the incorporation of the principles of the foregoing resolution into their conditions of graduation, and that they require a rigid adherence to them on the part of their respective faculties, in determining the qualifications of aspirants to the honors and privileges of a degree.

A memorial and resolutions were also prepared by the Convention, and addressed to the General Assembly of Kentucky, suggesting the passage of a law making it obligatory "that every practitioner of medicine, of whatever class or denomination, who administers or practises physic within the Commonwealth of Kentucky, shall furnish a written prescription or memorandum of every and all medicines that he may administer or cause to be administered; setting forth in intelligible English, Latin, or technical terms, the constituent, or if a compound, the constituents, and the quantities by weight or measure of each ingredient of every dose prescribed; whether the medicines be furnished or ordered by himself, with his name subscribed thereto. For failure in which, he shall forfeit and pay \$— for each and every offence. And also that—no apothecary, or any other person, shall vend, or in any way dispose of, any medicine or medicines within the Commonwealth of Kentucky, without an accompanying writ-

ten or printed statement of the constituent, or if a compound the constituents; stating the quantities by weight or measure of each ingredient contained in a dose, under the penalty of \$— for each and every offence; except when prescribed under signature."

The prefatory remarks to this prayer, on the enormous evil of nostrums and medicine mongers generally, were trite, though appropriate; but, after all, the true and efficient mode of overcoming the monstrous amount of quackery which assails the community, is not to mind it. Enact edicts and penalties against the sale or administration of patent pills, and the demand would be increased a hundred fold, and the people would cry out *persecution* with a loud voice. Let those who want the services of natural bonesetters, who are eager to purchase Mrs. Gardner's liverwort syrup, the matchless sanative, or any mixture from an irresponsible source, gratify their wishes. In Massachusetts no one interferes, except by diffusing general information, with these notorious, barefaced cheatings; it is left to the intelligence of the people to do precisely as they list. Thus there is peace and plenty, and physicians are nowhere more highly estimated.

Insane Hospital of Maine.—Of the system of regulations in this institution, and the rules for the admission of patients, we certainly think well. The plan of organization is admirable, and so is the location, at Augusta—and we see no reason why the institution should not take a high rank and confer great benefit on the unfortunate, reason-bereft patients of Maine.

While making preparations for an abstract of Dr. Knapp's report, a communication was received, which reviews the report with considerable severity. We have no means of knowing anything in relation to the hospital or its administration, beyond the official document. If there are two sides to the story, they should both be exhibited. Patients were first received Oct. 14th, and there were 30 under treatment on the 30th of Dec. The Directors make the following statement: "We consider the hospital peculiarly fortunate in the selection of the persons to whom its internal management is committed. The superintendent exhibits not only that peculiar development of intellect, fitting him for investigating the nature, causes and cure of diseases of the mind, but that urbanity, kindness and affectionate spirit, which cannot fail to secure to him all the respect, confidence and affection which the unfortunate persons committed to his care are capable of entertaining." Surely, this is an estimable character. Since we are bound, in furthering the great objects of legitimate medical science, to give all respectable writers an opportunity of being heard on mooted points, we could not avoid this allusion to the communication, nor withhold the praise of the board of directors, who ought to be wholly and decidedly impartial in their public labors and documents. Perhaps, had the paper here referred to, been at hand more seasonably, it would have had admission; but according to the request of the writer, as it cannot be inserted this week, it is laid aside.

Dr. Ticknor's Address.—It is customary for one of the board of examiners, at Yale College, to deliver an address annually to the candidates for degrees and licenses, at the close of the medical lectures. The present season it devolved upon Luther Ticknor, M.D., of Salisbury, Ct., a

brother of the late lamented Dr. Caleb Ticknor, of New York, to perform this pleasant service. As far as we have had an opportunity for examination, it appears to be a sensible, well-timed discourse, which must have been received with feelings of deep respect for the excellent man who stood before them. On the 12th page are some sage remarks on the modern arts and tricks for obtaining professional business, which deserve to be widely circulated. All that follows, on the course of life to be led by a young physician, to make himself just what the community have a right to expect of him, shows that Dr. Ticknor is no stranger to the human heart, nor to the duties peculiar to the practitioner of medicine. And he clearly, and in forcible language, too, points the way to usefulness, happiness and heaven.

Perkins Institution for the Blind.—Dr. Howe, the superintendent, with his accustomed politeness, has sent us the report for 1841, which is filled, as usual, with important details, of profound interest to the blind, and to the well-wishers of this valuable institution. It appears that every department is conducted with entire satisfaction to the public. An interesting and detailed account of the progress in knowledge of the unfortunate Laura Bridgman, whose peculiar case has been alluded to in former volumes of this Journal, is appended to the report, and as it has been extensively copied into the newspapers, has probably been seen by most of our readers.

Hudson Lunatic Asylum.—During the year 1840, 84 patients have been under the care of Drs. S. & G. H. White, the proprietors of this Institution, to wit:—Recent cases, 25; chronic do., 54; intemperate, 5.

Of the 18 recent cases that were removed during the year, 14 recovered, 2 improved, 2 died. Of the 27 chronic cases removed, 7 recovered, 10 much improved, 5 improved, 2 stationary, 3 died. Of the 3 intemperate removed, 1 reformed, 2 unreformed. Remaining under treatment January 1, 1841, 36.

Since the opening of this Institution, a period of ten years and a half, 503 patients have been admitted. The quiet patients continue to enjoy the beneficial effects of family worship, as heretofore.

This information is derived from a newspaper, and presumed to be an abstract from a full report. If such is the fact, the proprietors would confer a favor by directing a copy to this office. No statistics are of more value to the profession than those relating to the insane. The Doctors White have long had the entire confidence of the community, and have succeeded in an individual enterprise involving great care and perseverance.

The Title-page and Index of Vol. XXIII. will be sent out with the next No. of the Journal.

Number of deaths in Boston for the week ending Feb. 13, 31.—Males, 16. Females, 15. Stillborn, 2.

Of consumption, 5—scarlet fever, 1—brain fever, 2—inflammation of the stomach, 1—smallpox, 1—rheumatic fever, 1—fits, 3—suicide, 1—anaemia, 1—fracture of the thigh, 1—lung fever, 2—influenza, 1—dropsy on the brain, 1—typhous fever, 1—infantile, 2—liver complaint, 1—pleurisy, 1—insane, 1—dropsy, 1—hooping cough, 1—inflammation of the brain, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A SPECIAL meeting of the Counsellors of this Society will be held at their room, Athenaeum building, Pearl street, on Thursday, the 18th inst., at 11 o'clock, A. M., to consider a communication from a committee of the Legislature.

F 17—1

GEO. W. OTIS, JR., Rec. Sec'y.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

Boston, June 24, 1840.

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JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by

Anatomy and Physiology, by

Medical Jurisprudence, by

Principles and Practice of Surgery, by

Chemistry and Natural History, by

Materia Medica and Pharmacy, by

HENRY H. CHILDS, M.D.

ROBERT WATTS, JR., M.D.

HON. JACOB COLLAMER, A.M.

LYMAN BARTLETT, M.D.

ALONZO CLARKE, M.D.

B. R. PALMER, M.D.

Fees—for the course, \$50. For those who have already attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18.

Woodstock, Vt., Jan. 1st, 1841.

Jan. 6.—St

NORMAN WILLIAMS,

Secretary.

FLETCHER'S TRUSS.

THE following recommendation of this truss has lately been received by the proprietor.

The subscriber having made frequent trials of the truss invented by Dr. Fletcher, has no hesitation in saying that he regards it as superior to most instruments of the kind now in use, with which he is acquainted. Its advantages consist in the size and form of the pad, the ease with which it is moved, and the readiness with which the pressure is increased or diminished. It is moreover in his opinion as well calculated as any other to produce radical cure of Hernia.

Boston, Jan. 7th, 1841.

Jan. 13.—

GEO. HAYWARD.

The subscriber gives notice that being acquainted with the anatomy of hernia, he will attend (agreeably to an arrangement with the proprietor) to the applying of the above highly-recommended truss in the variety of rupture for which it is designed. Persons requiring such assistance can be retired and receive suitable attention free of extra expense.

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DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4.—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingdon; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

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